

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42806**
9983
Registrar's No.

FILED DEC 20 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) Becker Road R.R.#9	

3. NAME OF DECEASED a. (First) Dr. O. b. (Middle) RICHARD c. (Last) Bullard			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 3, 1885		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Frank Bullard		13b. MOTHER'S MAIDEN NAME Sina Smith	
14. NAME OF HUSBAND OR WIFE Ruth Bullard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME Ruth Bullard		ADDRESS Becker Rd. Lemay, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis of intestines.		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Primary site, Carcinoma of rectum.			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X	

22. I hereby certify that I attended the deceased from **Nov. 1, 1951**, to **Nov. 9, 1951**, that I last saw the deceased alive on **Nov. 9, 1951**, and that death occurred at **9:40 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 4930 Lindell Blvd., St. Louis, Mo.		23c. DATE SIGNED 11-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	

DATE REC'D BY LOCAL REG. NOV 9 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. M. Lermuth*

Licensed Embalmer No. *3024*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.